



Action Due Date: June 15
Distribution Date: March 10

The Town of Harpswell & The American Red Cross present the

Summer Swim Program

General Information:

- ❖ Harpswell residents ages 4 & up.
Non-residents welcome.
- ❖ Class enrollment is limited & accepted
on a first-come / first-serve basis.
- ❖ June 22-26 & June 29-Jul 3
\$30 per person (10 lessons);
Non-residents add \$10 surcharge.
\$5 Late Fee after June 15.
- ❖ Bowdoin College Pool at the Farley
Field House.
- ❖ Questions? Contact **Linda Blanton**
(833-2980); or **Don Miskill** (833-6381)
or dmiskill@gwi.net

Courses & Schedules: Levels 1 – 6

Jun 22 – 26 and Jun 29 – Jul 3 2009

Session 1: 8 – 9 a.m. *

Session 2: 9 – 10 a.m.

Session 3: 10 – 11 a.m.

* During **2nd week** of Swim, the bus for Camp Harpswell will
depart after the 8 a.m. session (Mon. 6/29 - Fri. 7/3)

*Please indicate below your first and second choices for **Session**. Parents will be
notified as to which Session their child(ren) will be assigned.*

Registration:

Make checks payable to: Town of Harpswell

Return the completed registration form and the proper fee to:

Town of Harpswell, Recreation Dept.
P.O. Box 39, Harpswell, ME 04079

----- Please detach here -----

2009 Harpswell / Red Cross Summer Swim Program

For office use only:
#R4141

Name _____ Phone _____
Address _____ Date of Birth _____ Age _____
_____ Zip _____ E-mail _____
Emerg. contact _____ Phone # _____
Medical concerns _____

Please check course:

____ Level 1 Introduction to Water ____ Level 2 Fundamental Aquatics ____ Level 3 Stroke Development
____ Level 4 Stroke Improvement ____ Level 5 Stroke Refinement ____ Level 6 Swimming & Skill Proficiency

Session: 1st choice _____ **2nd choice** _____ ☐ **Child is registered for Camp Harpswell (6/29 – 7/3)**

Photos & videos taken may be used for local publicity

Release from Liability In consideration of the permission granted to the above-named parties by the Town of Harpswell to participate in the Summer Swim Program during June 2009, I hereby release and discharge the Town of Harpswell, The American Red Cross and Bowdoin College, their agents and officers, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which they have or may incur by participation in the above mentioned activities. I realize I must provide my own health/accident insurance for injuries that they may sustain while participating in the above mentioned activities. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Health Insurance Provider _____ **Certificate/Policy #** _____

I, (please print) _____ have read and understand the Release from Liability.

Signature of Parent or Guardian _____

Return Completed Form to the Town Office There is an after-hour drop box to the right of the glass entrance

Flyer by **DESIGN**